

THE MASTER Series

# LOOKING DEEPER AT THE ROOT CAUSES

Dr. Gabor Maté



Gabor Maté (pronounced GAH-bor MAH-tay) is a retired physician who, after 20 years of family practice and palliative care experience, worked for over a decade in Vancouver's Downtown East Side with patients challenged by drug addiction and mental illness.

The bestselling author of four books published in twenty-seven languages, Gabor is an internationally renowned speaker highly sought after for his expertise on addiction, trauma, childhood development, and the relationship of stress and illness. His book on addiction received the Hubert Evans Prize for literary non-fiction.

For his ground-breaking medical work and writing he has been awarded the Order of Canada, his country's highest civilian distinction, and the Civic Merit Award from his hometown, Vancouver. His books include *In the Realm of Hungry Ghosts: Close Encounters With Addiction*; *When the Body Says No; Exploring the Stress-Disease Connection*; *Scattered: How ADD Originates and What You Can Do About It*; and (with Gordon Neufeld) *Hold on to Your Kids: Why Parents Need to Matter More Than Peers*. Gabor's next book, *The Myth of Normal: Trauma, Illness & Healing in a Toxic Culture* is due in Autumn, 2022.

To learn more, join his e-news here: [www.drgabormate.com](http://www.drgabormate.com)



## ONE: WHAT IS ADDICTION?

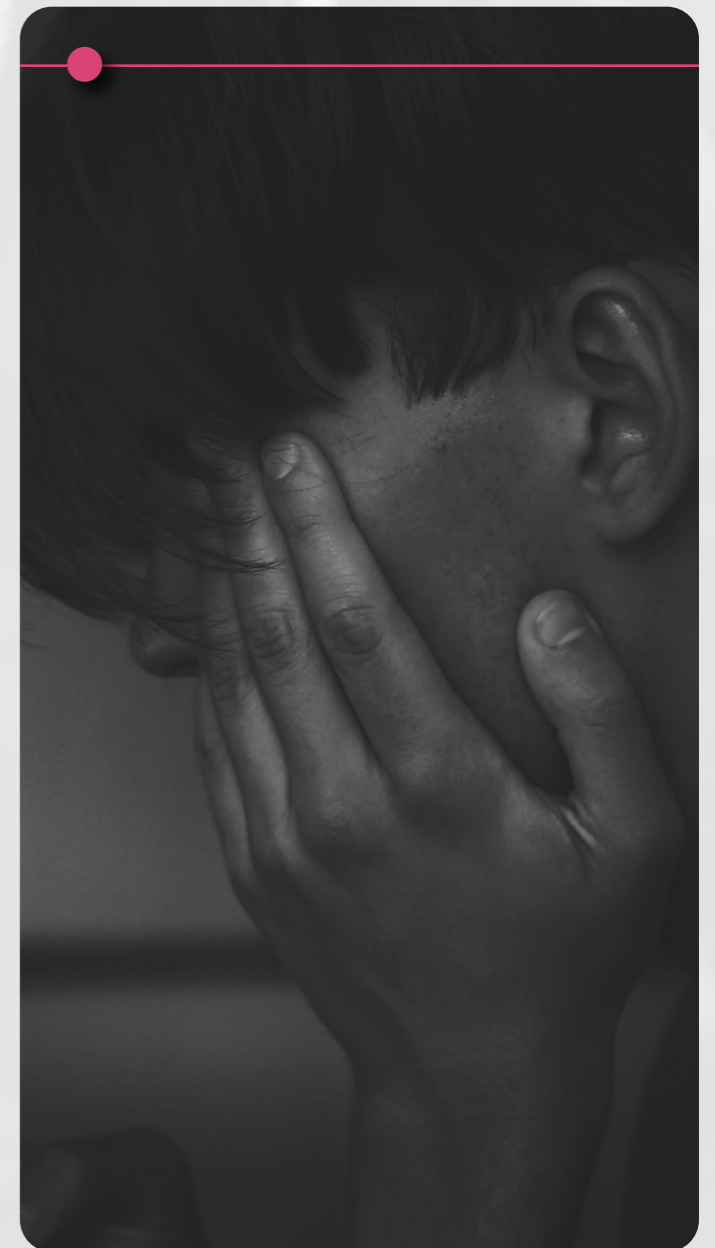
When I speak to a room of people and ask, "how many of you think you are addicted to something," initially a few put their hands up.

We tend to think of addiction as something related to drugs or harmful substances rather than a behavior. However, when discussing addiction, I use the definition of any behavior, not just drug use, characterized by cravings, pleasure, short-term relief, negative consequences, and considerable difficulty when it comes to the ability to give it up.

This behavior may be targeted at substances, legal or illicit, but we also recognize people relating to addictions through:

- Sex
- Gambling
- Shopping
- Eating
- Work
- Exercise
- Internet activity
- Gaming
- Pornography
- Political power
- Wealth acquisition
- Hoarding

Any behavior can take on the characteristics of addiction. When you offer this definition, most people can acknowledge a recognizable behavior in their lives. Compulsive drug users only make up a narrow segment of the overall population who find themselves struggling with an addiction.



## ADDICTION: ROOTED IN CHILDHOOD TRAUMA

First, it is vital to discard the belief that addiction is a choice. No one chooses to be in pain or reliant on substances or behaviors. Now, drop the idea that addiction is an inherited brain disease.

For twelve years, I worked in Vancouver's Downtown Eastside with a highly addicted population who often manifested as a host of multiple addictions. Every single one of the people I worked with had been heavily traumatized in childhood. They had HIV and Hepatitis C and would die of overdoses, suicide, and infections of all kinds.

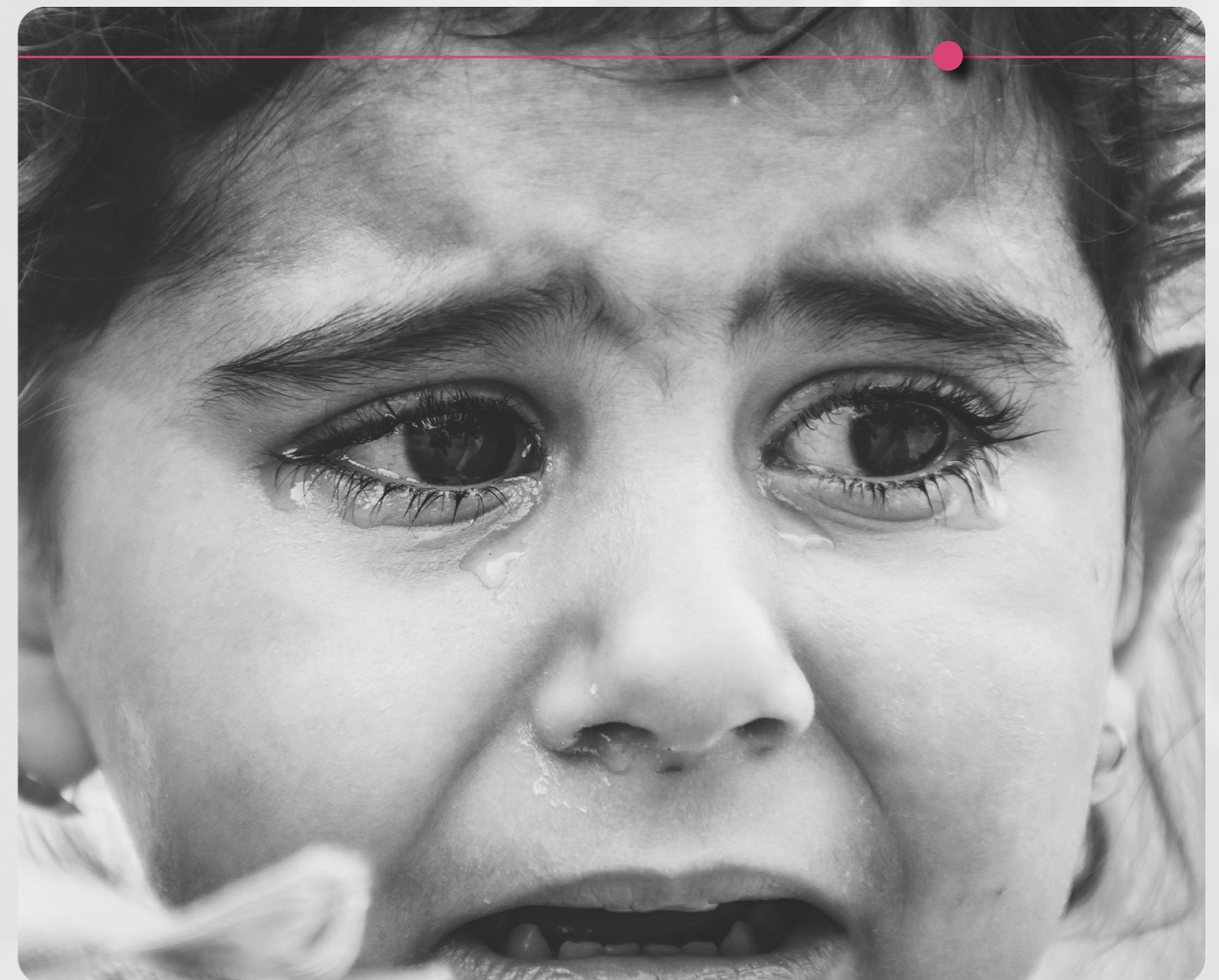


At a minimum, each of the women had been sexually abused. Meanwhile, all the men had been neglected, beaten, or emotionally abused. Large-scale studies show the same thing - the more significant the childhood adversity, the greater the risk for addiction in adulthood.

In my case of addiction, I wasn't beaten, neglected, or abused in my family of origin. But as a Jewish infant boy raised during the war in Hungary, I spent the first year of my life under the Nazi regime. As a result, my mother was extremely unhappy, stressed, and terrorized.

Children can be hurt in two ways: when bad things happen to them - abuse, violence in the family, parental addiction - and when their needs are not met. I needed an attuned, empathetic, emotionally responsive mother, which is something she couldn't be. This was not because she didn't love me or do her best, but because she was too terrorized and depressed. Her love couldn't be translated into responsive behavior. That alone was enough to hurt me.

Speaking broadly, the source of addiction is almost always childhood pain. These are either bad things that shouldn't have happened or good things that couldn't happen due to the parents' emotional states. Both of these are enough to hurt the child in such a way as to drive them to self-soothe through addictions.



## 'WHY THE ADDICTION, WHY THE PAIN'

Fundamentally, all addictions are an attempt to regulate an unbearable internal emotional state through external means. Temporarily, we experience a change in the state of our brains or physiology that relieves this state. This may be achieved through drugs or gambling, internet use, sex, or shopping. Irrespective of the substance or behavior, they each produce the same revitalization of an individual's incentive and motivation-related brain circuitry.

I maintain that there's only one universal addiction process present in those struggling with addiction. The details change, but the internal effects are very much the same, and the objective is always to escape emotional distress. When we try to help individuals with substance use, the question should not be "why the addiction" but "why the pain."



## TWO: INTERROGATE THE ASSUMPTION OF CHOICE

If you followed one thousand people who smoke a pack of cigarettes every day, one thousand who drink heavily every day, one thousand who smoke cannabis every day, and one thousand who shoot heroin four times a day in a dose that doesn't produce overdose, and kept up with them for 30 years, which group would suffer the most death and chronic disease?

It would almost certainly be the alcohol and cigarette smoking groups. This is because the long-term side effects of legal doses of alcohol and nicotine far outweigh those of safe doses of criminalized substances.

There isn't much logic to this double standard of addiction, and it has nothing to do with medicine or health. When you expose it to a critical eye, there's no satisfactory answer as to why a drug addict would be more reprehensible than a person who smokes cigarettes.



## THE BLINDSIDE IN THE LEGAL SYSTEM

The whole legal system assumes that people choose to indulge in addictions and, therefore, their decisions are conscious and delivered. What follows is that they need to be punished for making such a choice.

Many people take a similar attitude towards child-rearing. Their child does something they don't like and is punished for their action. With adults, the punishment is frequently called jail or legal sanctioning. The problem is that the underlying assumption - that indulging in addiction is a choice - is false, with no scientific basis.



I have worked with a wealth of people who struggle with addictions. They have been trapped in the cycle of addiction with all its consequences, such as HIV, homelessness, loss of health, wealth, peace, beauty, and broken personal relationships. I never once come across an instance of a person choosing to become that way. Nobody wakes up one morning and says, “my ambition is to go out and become an addict,” and yet we hold on to an entirely shallow behaviorist view of human beings.

Instead, what we need to do is look at the deeper reasons. Conscious choice has nothing to do with it. Even if addiction appears to be an unconscious choice, we still have to look at what would drive a person in that direction. In light of this, the legal system currently has no logical basis to stand on.

## ASIDE: A LITTLE ON LANGUAGE

In my secret life before medical school, I used to be an English teacher. I’ve always paid attention to language and the unconscious realities it reveals. The word addiction itself comes from the Latin phrase for slavery.

When citizens could not pay a debt in the Roman world, they would be assigned as a slave to somebody else until the debt was worked off. When we understand the implied meaning of the word, it questions the predominant belief that addiction could ever be a choice. Who would ever choose to be a slave?



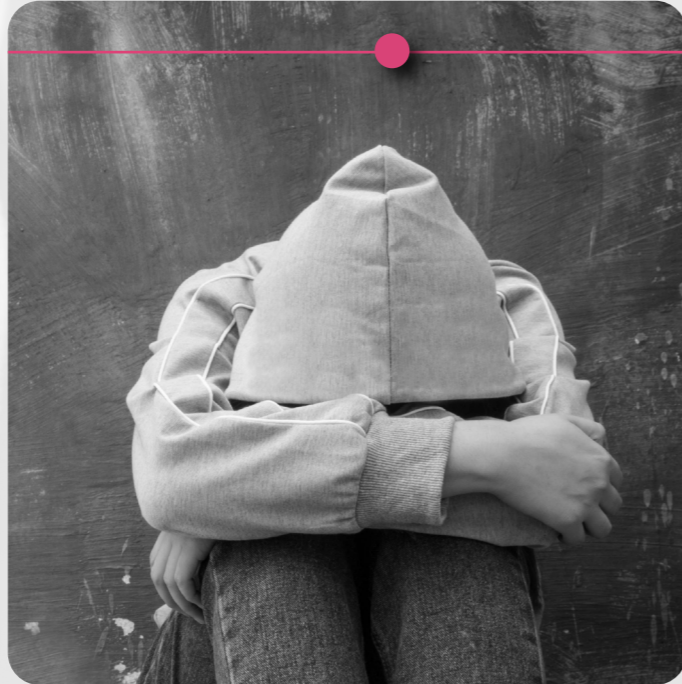
## SHANNON’S STORY

In my book ‘In the Realm of Hungry Ghosts,’ I speak about the funeral of a 35-year-old woman I previously worked with. When I met Shannon in her early thirties, she had a severe opiate addiction and was already fading. Because she injected drugs, she developed a blood-borne bone infection called osteomyelitis in one of her knees.

Shannon needed to be hospitalized for intravenous antibiotic care. However, she was never allowed to stay in care long enough to be treated because she had to leave to use substances.



Every time she left to use drugs, Shannon would be expelled from the hospital. This was often because she wasn't engaging with treatments. In other instances, this was because they didn't want her using IV lines. She'd be regularly kicked out before her six or eight weeks of antibiotic treatment was complete. By her mid-30s, medical professionals discussed amputating the knee because there was nothing more they could do. She was in a wheelchair, which she'd wheel quickly down the street looking for her next hit.



At one point, Shannon successfully overcame her heroin addiction, detoxed, and remained clean. As it was a full six months before she relapsed, when she relapsed, she had lost her tolerance for drugs. As a result, within three days, she had overdosed.

The same dose that she had tolerated before leaving the Downtown Eastside killed her. We hosted a funeral, and many of her friends came, each of them with HIV, hepatitis C, or other chronic infections. As they arrived to mourn their friend, I was struck with the power behind the drive of addiction. First, this young woman was led to shedding her life for the sake of the next hit, and the simple fact was that all her friends watching her being buried and memorialized were going to continue using despite her dire example.



Nobody would choose to blight and endanger their lives like that. This realization eventually led me to consider what the powerful drive behind addiction is. It needs to be deeply built into the human brain or soul for people to engage in this behavior despite all the deterrence they witness.

## THE ALTERNATIVE: RESPONSIBILITY OVER BLAME

If there's something problematic going on and we don't view it as a choice, how do we approach individuals whose health demands a change in their behavior?

There is an important distinction between blame and responsibility. For example, blame says that you did something that you could have done otherwise, putting you at fault. Meanwhile, responsibility says, yes, you may have done this to yourself, but rather than being conscious or deliberate, you did it because you're programmed to do it by your own childhood experience. In this scenario, nobody is at fault. Everybody does their best, even as we pass unconscious patterns on.

You don't blame people for having unconscious patterns. Instead, they need to be aware of what is happening to take responsibility. However, without first developing consciousness, it is almost impossible to take responsibility. This means we need to realize the impact of our ingrained behavioral patterns to stop doing it or do it differently.

It's a matter of liberating people from these ingrained patterns for which they're not to be blamed. There's no room for blame whatsoever. There is, however, room for healthy people to become responsible for helping others as they respond to their circumstances.





### THREE: CULTURAL TRENDS DRIVING ADDICTION

You might liken modern society to a zoo. In a zoo, an animal has been taken from its natural habitat and placed in a completely artificial and restricted situation. Yet, they are expected to stay as normal and happy as they were in the wild.

Our line of hominids has been on earth for millions of years. For all that prehistory, virtually all human beings lived in small hunter-gatherer bands until about nine thousand years ago. That is part of our evolution and part of how we became human beings.

In a blink of an eye, from the perspective of evolution, humans have gone from small bands of hunters and gatherers attached on a communal basis to a society characterized by alienation and disconnection.

Urbanization is extracting people from their neighborhoods and communities, pushing them towards big cities where little support is available, and disconnection can only accelerate.

### SUBSTITUTING COMMUNITY ONLINE

On Facebook, we use the same language as we would in real life. Online, we have 'friends,' many of whom may be people we don't know or have nothing in common with except for perhaps certain cultural ideas or interests. These are not grounded, supportive friendships, but we still substitute one for the other.

At the same time, people 'like' each other online. We swap the language of connection for genuine friendship, yet we wonder why we feel so lonely and dissatisfied. The discomfort that this choice leaves us with leads us to seek other pleasures or numb feelings of alienation, whether through heroin, cocaine, shopping, sugar, or something else.



Dealing with these addictions isn't a question of lifestyle change; it's a question of dealing with the fundamental aspects of how we live our lives. When I say lifestyle, I think of external behaviors, not internal transformation. We need to know that our lives are our own, and we are the ones who need to be the primary agents in that sphere.

We need to approach the wounds - or traumas - that affected us in childhood and led us to behave in specific ways to heal. Healing our lives means healing the wound. In doing so, behavior changes will automatically follow.

## WESTERN CHILD-REARING AND TRAUMA

In some instances, it's our societies themselves that are driving childhood maladaptation. Take the United States (US), for example. Their maternal leave system forces women to return to work within a few weeks of giving birth, often leaving their children in childcare.

To put this in an evolutionary context, compare it with other ape mothers who will hold their babies for months after giving birth without separation.

The analog in human society would be that until only recently in our history, our children have grown up around their parents until at least adolescence. Separating them in advance of this time would deprive our children of the natural conditions for healthy development.

A study comparing the crying of British, German, Canadian, and Danish children found that Danish children were a lot less likely to cry than the others, simply because the parents were around more and were more likely to hold them. After all, a crying child is an anxious child - chronic distress at this time is not benign. When children experience stress, their brains are saturated with adrenaline and cortisol. This, in turn, interferes with healthy brain development.



In the US and Canada, parents are advised not to pick their children up when they cry at night. The objective is to 'train the kid' into behavior that will help everyone sleep by not picking them up. The unfortunate reality is that in doing this, we deny our children's need for connection. Over time this communicates a message to the child that their emotions do not matter. However, babies are not tabula rasa. They have emotional needs and can receive the message that they are not important on a deep unconscious, nonverbal level.

Think of all the patients who introduce their concerns by minimizing them. Their voices are distinct and common, for example, "Doc, I'm sorry to bother you. I'm sure you have many people more important than me to see, but I have this little problem..." When infants learn to repress their needs, it manifests as a lifelong behavior as they continuously struggle to bring themselves to communicate or self-advocate.



## FOUR: WHAT CAN BE DONE?

### EDUCATE PHYSICIANS

One benefit of working in medicine as a generalist is that it has enabled me to develop a broader view of human health. As a generalist, you see the human being in relation to their environment, relationships, and context.

Medical professionals who don't work in fields that allow them to see the client in this way are never taught that in human beings, the mind, the body, emotions, and physiology are scientifically inseparable. They are not taught how, as social creatures, our physiology is profoundly shaped by our relationships.



Our brains develop in a social context. Whether we call our neurophysiology 'psychology' or 'physiology of the body,' we talk about influences that go well beyond the genetic and biological processes we're trained in. Generalists get to see that illness, whether it is addiction, depression, or rheumatoid arthritis, is a manifestation of a system that is itself lived in a context.

Still, these themes are not being adequately taught despite research linking trauma to addiction and detailing how the brain develops in response to the environment. The average student doesn't hear the word trauma once in four years of medical school. Physicians need to be deeply trained in this subject. They must also consider the dramatic connections between mental health, physical health, addiction, and traumatic events.

### SIT WITH THE DISCOMFORT

As individuals, each of us can build our awareness of how the past has affected our contemporary pain and, consequently, our addictive behavior.

Confidence is often an assumed stance to protect ourselves from the pain we don't want to feel. However, we need to break through these beliefs and extend empathy and attention to how we feel vulnerable.



The Master Series



[www.themasterseries.com](http://www.themasterseries.com)



**THE MASTER** Series